529 Rec'd PCT/PTO 11 OCT 2000

U.B. A		O. (IF KNOWN STEE)		INTERNATIONAL APPLICATION NO. PCT/GB99/01234			ATTORNEY'S DOCKET NUMBER NIDN-10369			
21.	The foll	owing fees are submi	itted:.					CALCULATION	S PTO USE ONLY	
BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5)) :										
	international	national preliminary of search fee (37 CFR I onal Search Report n	970.00							
⊠	International preliminary examination fee (37 CFR 1.482) not paid to USPTO but Internation Search Report prepared by the EPO or JPO									
	International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO									
☐ International preliminary examination fee paid to USPTO (37 CFR 1.482) but all claims did not satisfy provisions of PCT Article 33(1)-(4)										
International preliminary examination fee paid to USPTO (37 CFR 1.482) and all claims satisfied provisions of PCT Article 33(1)-(4)										
ENTER APPROPRIATE BASIC FEE AMOUNT =								\$840.00		
Surcharge of \$130.00 for furnishing the oath or declaration later than months from the earliest claimed priority date (37 CFR 1.492 (e)).								\$0.00		
CLAIMS		NUMBER F	ILED	NUMBER EXTRA		RA'		22 (22		
Total claims		22	- 20 =	2		x \$18		\$36.00		
Independent claims		2	- 3 =	0	_	x \$78		\$0.00 \$0.00		
Multi	ole Dependen	Claims (check if ap		ABOVE CALCUL	<u></u> .ΔТ	IONS	=	\$876.00		
Reduc	tion of 1/2 for							\$670.00		
Reduction of 1/2 for filing by small entity, if applicable. Verified Small Entity Statement must also be filed (Note 37 CFR 1.9, 1.27, 1.28) (check if applicable).								\$0.00		
SUBTOTAL =								\$876.00	•	
Processing fee of \$130.00 for furnishing the English translation later than								\$0.00	•	
TOTAL NATIONAL FEE =								\$876.00		
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31) (check if applicable).								\$0.00		
TOTAL FEES ENCLOSED =								\$876.00		
,								Amount to be: refunded	\$	
#								charged	\$	
,	A check in	the amount of		to cover the above fees i	s enc	losed.				
X	Please charge my Deposit Account No. 500-588 in the amount of \$876.00 to cover the above fees. A duplicate copy of this sheet is enclosed.									
. 🛚	to Deposit A	•		narge any fees which may b A duplicate copy of this sh	-			y overpayment		
	· : Where an :	appropriate time lim	it under 37	CFR 1.494 or 1.495 has a	ot b	een met,		n to revive (37 CFR	L	
,		SPONDENCE TO:	ed to restor	e the application to pendi	St.		······	The state of		
			-]			THA	Hours	24	
Royal N. Ronning, Jr. Amersham Pharmacia Biotech, Inc.						SIGNATURE				
800 Centennial Avenue Piscataway, New Jersey 08855					Royal N. Ronning, Jr.					
a iscalaway, item Jeisey 100000					NAME					
(732) 457-8423						32,529				
					REGISTRATION NUMBER					
						Octobe	er 11, 2	000		
						DATE				
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